# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-021619 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5437

FILED MAY 27 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: City Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6607 S. Broadway
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Chauncey Middle Last Goff
4. DATE OF DEATH: Month May Day 21, Year 1963
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/5/1893
9. AGE (last birthday): 70
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (City and state or country): Adire, Indiana
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John B. Goff
13b. MOTHER'S MAIDEN NAME: Iddiline (Unk.)
14. NAME OF HUSBAND OR WIFE: Annie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates): WW # 1
16. SOCIAL SECURITY NO.
17. INFORMANT: Annie Goff 6607 S. Broadway, St. Louis, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: June 1951
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis — June 1957
DUE TO (c): 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).
Bronchial Asthma Arthritis Spine Wounds to right hip and right thigh during World War I Sinusitis, Rhinitis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home; farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 24, 1946 to May 20, 1963 and last saw him alive on May 20, 1963
Death occurred at 4:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Leroy E Ellison MD
22b. ADDRESS: 3610 So Broadway
22c. DATE SIGNED: MAY 21 1963

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: May 24, 1963
23c. NAME OF CEMETERY OR CREMATORY: National Cemetery
23d. LOCATION (City, town, or county) (State): Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR ADDRESS: C. Hoffmeister Mortuaries 7814 So. Broadway St. Louis, Mo.
25. DATE RECD. BY LOCAL REG.: MAY 21 1963
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed: Laura C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. Leroy Ellison PR 6-4683
3610 S. Broadway